

REPORT OF ACTIONS TAKEN  
REGARDING A CARRYFORWARD ELECTION AND A MORTGAGE CREDIT CERTIFICATE PROGRAM

California Debt Limit Allocation Committee  
915 Capitol Mall, Room 303  
Sacramento, CA 95814  
(916) 653-3255

This form is to be used to report **1)** the filing of a carryforward election, if applicable, **2)** the conversion of bond allocation to mortgage credit certificate authority, and **3)** the issuance of at least one mortgage credit certificate (MCC). If applicable, **within 15 days** of filing a carryforward election, please complete #1 through #4 and mail this form to the above address. **Within 15 days** of issuing at least one MCC, please complete the form to report the conversion to MCC authority and the issuance of one MCC and mail to the above address.

1. ISSUER OF THE MCCs MAKING THE ELECTION TO CONVERT PRIVATE ACTIVITY BOND ALLOCATION TO MCC AUTHORITY:

Address:

Contact Person:

Title:

Phone: (     )

County:

Fax:     (     )

2. ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:

3. AMOUNT OF PRIVATE ACTIVITY BOND ALLOCATION AWARDED:

4. DATE OF CARRYFORWARD ELECTION:  
AMOUNT OF ALLOCATION CARRIED FORWARD:

If a different amount other than the amount awarded is carried forward, please explain the difference:

5. DATE OF CONVERSION ELECTION:

Attach a copy of the Election which was filed with the Internal Revenue Service.

If a different amount other than the amount award is converted, please explain the difference:

6. CDLAC RESOLUTION NUMBER AWARDING THE ALLOCATION:  
CDLAC APPLICATION NUMBER AS SHOWN ON EXHIBIT "A" OF RESOLUTION:

7. PROGRAM ADMINISTRATOR, IF DIFFERENT FROM "ISSUER":

8. DATE FIRST MCC ISSUED:  
Attach copy of the mortgage credit certificate.

**For CDLAC use only:**

Agenda \_\_\_\_\_

Greensheet \_\_\_\_\_

CF Log \_\_\_\_\_

RAT Docs \_\_\_\_\_

(CONTINUED ON REVERSE PAGE)

9. PERSON TO BE BILLED FOR CDLAC FEE (provide name, title, agency, mailing address and phone and fax number):
10. PERSON COMPLETING THIS FORM, IF DIFFERENT FROM #1 ABOVE (provide name, title, agency, mailing address and phone and fax number):

The undersigned does hereby certify to the accuracy of the information contained herein.

\_\_\_\_\_  
Signature of Issuer's Senior Officer

\_\_\_\_\_  
Signature of person responsible for completing  
this form if different than Issuer's Senior Officer

\_\_\_\_\_  
Printed name of above Senior Officer

\_\_\_\_\_  
Printed name of above responsible person

Date:

Date: